PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

16818319

(Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS								RATE	FEE	7 7	RATE		
			D						•	-		FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			minus 20= * /					X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =					X43=		OR	X86=		
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT					+145=		OR	+290=		
*	the difference	in column 1 is	less than zero, enter "0" in column 2				•	TOTAL		OR	TOTAL	110	
CLAIMS AS AMENDED - PART II										4	OTHER	THAN	
		(Column 1)	(Column 2)			(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUS PAID FOR	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=	-	OR	X86=		
	FIRST PRESE	NTATION OF MI	JLTIPLE DEI	PENDENT CLAIM				+145=		OR	+290=		
								TOTAL		OR	TOTAL ADDIT: FEE		
ADDIT. FEE											ADDII. FEE		
AMENDMENT B		CLAIMS		HIGHEST	Г	ĺ	Г		ADDI-	1		ADDI-	
		REMAINING AFTER AMENDMENT		NUMBER PREVIOUS PAID FOR	LY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	disk		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	,	= .	 	X43=		0.0	X86=	***	
٨	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT CL	AIM		 -			OR			
	•							+145=		OR	+290=		
	•					TOTAL ADDIT FEE			OR	TOTAL ADDIT. FEE			
		(Column 1)	(Column 2) (Column 3			(Column 3)	_		٠.			·	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHEST NUMBER PREVIOUS PAID FOR	LY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	independent	*	Minus	strick .		=		X43=			X86=	-	
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR			
• 1:	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								——-	OR	+290=	·	
**	f the "Highest Nu	mber Previously Pa mber Previously Pa	id For IN THIS	S SPACE is les	s than	20, enter "20."	· Al	TOTAL DDIT. FEE	<u> </u>	OR ,	TOTAL ADDIT. FEE		
		nber Previously Paid					r foun	id in the app	ropriate box	in col	umn 1.		